

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-1324	I	FROM 4/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 3/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 8/17/2009 TIME 15:32

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

FERRELL HOSPITAL 14-1324

FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2008 AND ENDING 3/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION

DATE: 8/17/2009 TIME 15:32

BDGfIbslmCwnTlukPVx1Ovroqx8Jf0
t9AIZ0wQNYz2RLzLBPi6fCpARpqs8d
SSgv0wIVdj0vBAeC

PI ENCRYPTION INFORMATION

DATE: 8/17/2009 TIME 15:32

6HKGF1rv0W5TuAgw1irCknaRon7y10
F4hg906L78DD9Q0g0stZzaJlyxzF00
pUwr2OpSbr0wjqlq

OFFICER OR ADMINISTRATOR OF PROVIDER(S)_____
TITLE_____
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3	4		
1	HOSPITAL	0	122,919	236,854	0	
3	SWING BED - SNF	0	131,418	0	0	
100	TOTAL	0	254,337	236,854	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO:	I PERIOD:	I PREPARED	8/17/2009
I 14-1324	I FROM 4/ 1/2008	I WORKSHEET	S-2
I	I TO 3/31/2009	I	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1201 PINE STREET
1 CITY: EL DORADO

P.O. BOX:
STATE: IL ZIP CODE: 62930- COUNTY: SALINE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	FERRELL HOSPITAL	14-1324		2/ 1/2003	N O N
04.00 SWING BED - SNF	FERRELL S/B SNF	14-2324		2/ 1/2003	N O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2008 TO: 3/31/2009

18 TYPE OF CONTROL

1 2
2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER

1

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?

N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

2

Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO.

N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

/ / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

/ / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy)

/ /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).

/ /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?

N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.

N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
I 14-1324 I FROM 4/ 1/2008 I WORKSHEET S-2
I I TO 3/31/2009 I

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

0
/ /
/ /
Y 2/ 1/2003

1	2	3	4
0	0.0000	0.0000	

0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING
28.04 RECRUITMENT
28.05 RETENTION
28.06 TRAINING

%	Y/N
0.00%	
0.00%	
0.00%	
1.00%	Y
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

V XVIII XIX
1 2 3

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

N N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
I 14-1324 I FROM 4/ 1/2008 I WORKSHEET S-2
I I TO 3/31/2009 I

WITH 42 CFR 412.320? (SEE INSTRUCTIONS)

N N N

DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)

N N N

1 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?

Y

38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?

N

38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?

N

38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?

N

38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?

N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?

IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE

FI/CONTRACTOR #

40.01 NAME: FI/CONTRACTOR NAME

40.02 STREET: P.O. BOX:

40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?

Y

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

N

42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

N

42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

N

43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

N

44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?

N

45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?

N

00/00/0000

SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?

45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?

45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?

46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)

DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
1	2	3	4	5
N	N	N	N	N

47.00 HOSPITAL

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH

N

42 CFR 412.348(e)? (SEE INSTRUCTIONS)

1 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL

N

EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN

EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE

53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS: 0

PAID LOSSES: 0

AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.

N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH

N

42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN

DATE	Y OR N	LIMIT	Y OR N	FEES
0	1	2	3	4

2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

N

0.00

0

56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.

0.00

0

56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

0.00

0

56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

0.00

0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?

N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%

FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS

ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE

10/1/2002.

N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.

0

412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER

1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD

COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS

OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.

N

IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2

"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

N

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET	S-2
I		I	TO 3/31/2009	I		

01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

/ /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1324	I FROM 4/ 1/2008	I 8/17/2009
I	I TO 3/31/2009	I WORKSHEET 5-3
		I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	25	9,125	61,152.00		2,108		363
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					556		
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	25	9,125	61,152.00		2,664		363
12	TOTAL	25	9,125	61,152.00		2,664		363
13	RPCH VISITS							
25	TOTAL	25						
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			2,822				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF			556				
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			3,378				
12	TOTAL			3,378				
13	RPCH VISITS							
25	TOTAL							
26	OBSERVATION BED DAYS			736		736		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					562	149	862
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
12	TOTAL		146.30			562	149	862
13	RPCH VISITS							
25	TOTAL		146.30					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 PROVIDER NO: 14-1324 PERIOD: FROM 4/1/2008 TO 3/31/2009
 PREPARED 8/17/2009 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
 LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
 JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
 DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
 WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
 SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
 ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
 CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
 CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
 DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
 BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
 LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
 POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
 OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
 OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
 THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
 PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
 MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
 IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
 COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
 GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
 TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
 CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 252,654

17.01 GROSS MEDICAID REVENUES 1,149,843

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS 19,061

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 1,421,558

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
 INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
 DIVIDED BY COLUMN 8, LINE 103) .506639

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
 (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 4,005,435

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET S-10
 I I TO 3/31/2009 I
 I I I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,029,310
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,651,643
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	836,787
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,029,310

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1324
II PERIOD:
I FROM 4/ 1/2008
I TO 3/31/2009I PREPARED 8/17/2009
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		725,815	725,815	-201,847	523,968
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				224,296	224,296
5	0500	EMPLOYEE BENEFITS	105,547	2,237,416	2,342,963		2,342,963
6	0600	ADMINISTRATIVE & GENERAL	776,922	1,934,286	2,711,208		2,711,208
7	0700	MAINTENANCE & REPAIRS	202,898	121,871	324,769		324,769
8	0800	OPERATION OF PLANT		251,296	251,296		251,296
9	0900	LAUNDRY & LINEN SERVICE	37,536	11,950	49,486		49,486
10	1000	HOUSEKEEPING	180,999	18,747	199,746		199,746
11	1100	DIETARY	181,369	161,909	343,278	-76,009	267,269
12	1200	CAFETERIA				76,009	76,009
14	1400	NURSING ADMINISTRATION	128,940	8,881	137,821		137,821
17	1700	MEDICAL RECORDS & LIBRARY	185,106	27,529	212,635		212,635
20	2000	NONPHYSICIAN ANESTHETISTS					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,229,336	86,509	1,315,845	-20,499	1,295,346
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	220,363	61,988	282,351		282,351
40	4000	ANESTHESIOLOGY	62,248	141,874	204,122		204,122
41	4100	RADIOLOGY-DIAGNOSTIC	437,333	419,206	856,539		856,539
44	4400	LABORATORY	451,673	402,319	853,992		853,992
49	4900	RESPIRATORY THERAPY	314,947	60,072	375,019		375,019
50	5000	PHYSICAL THERAPY	201,867	37,962	239,829		239,829
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	96,944	161,251	258,195		258,195
56	5600	DRUGS CHARGED TO PATIENTS	168,141	475,983	644,124		644,124
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	293,848	143,011	436,859	-1,950	434,909
61	6100	EMERGENCY	306,429	805,017	1,111,446		1,111,446
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	5,582,446	8,294,892	13,877,338	-0-	13,877,338
		NONREIMBURS COST CENTERS					
98	9800	PHYSICIANS' PRIVATE OFFICES	309,740	123,756	433,496		433,496
98.01	9801	MARKETING	60,368	126,650	187,018		187,018
101		TOTAL	5,952,554	8,545,298	14,497,852	-0-	14,497,852

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1324
II PERIOD:
I FROM 4/ 1/2008
I TO 3/31/2009 II PREPARED 8/17/2009
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-14,639	509,329
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		224,296
5	0500	EMPLOYEE BENEFITS		2,342,963
6	0600	ADMINISTRATIVE & GENERAL	-105	2,711,103
7	0700	MAINTENANCE & REPAIRS		324,769
8	0800	OPERATION OF PLANT	-13,550	237,746
9	0900	LAUNDRY & LINEN SERVICE		49,486
10	1000	HOUSEKEEPING		199,746
11	1100	DIETARY		267,269
12	1200	CAFETERIA	-35,196	40,813
14	1400	NURSING ADMINISTRATION		137,821
17	1700	MEDICAL RECORDS & LIBRARY	-10,041	202,594
20	2000	NONPHYSICIAN ANESTHETISTS		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		1,295,346
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		282,351
40	4000	ANESTHESIOLOGY	-204,122	
41	4100	RADIOLOGY-DIAGNOSTIC		856,539
44	4400	LABORATORY		853,992
49	4900	RESPIRATORY THERAPY		375,019
50	5000	PHYSICAL THERAPY		239,829
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		258,195
56	5600	DRUGS CHARGED TO PATIENTS	-141,748	502,376
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		434,909
61	6100	EMERGENCY	-411,020	700,426
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		SPEC PURPOSE COST CENTERS		
95		SUBTOTALS	-830,421	13,046,917
		NONREIMBURS COST CENTERS		
98	9800	PHYSICIANS' PRIVATE OFFICES		433,496
98.01	9801	MARKETING		187,018
101		TOTAL	-830,421	13,667,431

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 3/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MARKETING	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:

PERIOD:

PREPARED 8/17/2009

141324

FROM 4/ 1/2008

WORKSHEET A-6

TO 3/31/2009

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2		3	4	5
1 RECLASS CAFETERIA EXPENSE	A	CAFETERIA	12		50,665	25,344
2 RENT	B	NEW CAP REL COSTS-MVBLE EQUIP	4			22,449
3						
4 DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4			201,847
36 TOTAL RECLASSIFICATIONS					50,665	249,640

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
141324

PERIOD:

FROM 4/ 1/2008

TO 3/31/2009

PREPARED 8/17/2009

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE		LINE			
	(1) COST CENTER		NO	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASS CAFETERIA EXPENSE	A	DIETARY	11	50,665	25,344	
2 RENT	B	ADULTS & PEDIATRICS	25		20,499	10
3		CLINIC	60		1,950	
4 DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		201,847	9
36 TOTAL RECLASSIFICATIONS				50,665	249,640	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

IN LIEU OF FORM CMS-2552-96 (09/1996)
 PROVIDER NO: 141324 PERIOD: FROM 4/ 1/2008 TO 3/31/2009
 PREPARED 8/17/2009 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : RECLASS CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	76,009	DIETARY	11	76,009	
TOTAL RECLASSIFICATIONS FOR CODE A			76,009	76,009			

RECLASS CODE: B
 EXPLANATION : RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	22,449	ADULTS & PEDIATRICS	25	20,499	
2.00			0	CLINIC	60	1,950	
TOTAL RECLASSIFICATIONS FOR CODE B			22,449	22,449			

RECLASS CODE: C
 EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	201,847	NEW CAP REL COSTS-BLDG & FIXT	3	201,847	
TOTAL RECLASSIFICATIONS FOR CODE C			201,847	201,847			

Health Financial Systems MCRIF32 FOR FERRELL HOSPITAL
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS

IN LIEU OF FORM CMS-2552-96(09/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET A-7
 I I TO 3/31/2009 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	155,302					155,302	
2	LAND IMPROVEMENTS	23,195	21,090		21,090		44,285	
3	BUILDINGS & FIXTURE	2,657,018				14,292	2,642,726	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	1,561,362	727,439		727,439		2,288,801	
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	4,396,877	748,529		748,529	14,292	5,131,114	
8	RECONCILING ITEMS							
9	TOTAL	4,396,877	748,529		748,529	14,292	5,131,114	

III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

DESCRIPTION				GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*				1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL			2,842,313		2,842,313	.553937				
4	NEW CAP REL COSTS-MV			2,288,801		2,288,801	.446063				
5	TOTAL			5,131,114		5,131,114	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	509,329						509,329
4	NEW CAP REL COSTS-MV	201,847	22,449					224,296
5	TOTAL	711,176	22,449					733,625

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	725,815						725,815
4	NEW CAP REL COSTS-MV							
5	TOTAL	725,815						725,815

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1324
II PERIOD:
I FROM 4/ 1/2008 I PREPARED 8/17/2009
I TO 3/31/2009 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-14,639	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-1	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-411,020			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-28,367	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS	B	-13,550	OPERATION OF PLANT	8	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-141,748	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,041	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-6,829	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CRNA	A	-204,122	ANESTHESIOLOGY	40	
38 MISCELLANEOUS INCOME	B	-104	ADMINISTRATIVE & GENERAL	6	
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
49.01					
49.02					
49.03					
49.04					
49.05					
49.06					
49.07					
49.08					
49.09					
49.10					
49.11					
49.12					
49.13					
50 TOTAL (SUM OF LINES 1 THRU 49)		-830,421			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET A-8-2
 I I TO 3/31/2009 I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	49	CARDIOPULMONARY	6,594		6,594				
2	61	EMERGENCY ROOM	785,716	411,020	374,696				
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	792,310	411,020	381,290				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET A-8-2
 I I TO 3/31/2009 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 49	CARDIOPULMONARY							
2 61	EMERGENCY ROOM							411,020
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							411,020

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
I 14-1324 I FROM 4/ 1/2008 I NOT A CMS WORKSHEET
I I TO 3/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	5	PATIENT	DAYS	ENTERED
12	CAFETERIA	7	HOURS		ENTERED
14	NURSING ADMINISTRATION	9	NURSING	SALARIES	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS	REVENUE	ENTERED
20	NONPHYSICIAN ANESTHETISTS	15	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET B
 I I TO 3/31/2009 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	509,329	509,329					
005 NEW CAP REL COSTS-MVBLE E	224,296		224,296				
006 EMPLOYEE BENEFITS	2,342,963			2,342,963			
007 ADMINISTRATIVE & GENERAL	2,711,103	172,283	75,871	311,322	3,270,579	3,270,579	
008 MAINTENANCE & REPAIRS	324,769	20,928	9,216	81,304	436,217	137,223	573,440
009 OPERATION OF PLANT	237,746	26,253	11,561		275,560	86,684	47,623
010 LAUNDRY & LINEN SERVICE	49,486	16,527	7,278	15,041	88,332	27,787	29,980
011 HOUSEKEEPING	199,746	7,100	3,127	72,528	282,501	88,867	12,879
012 DIETARY	267,269	25,210	11,102	52,375	355,956	111,975	45,731
014 CAFETERIA	40,813	3,922	1,727	20,302	66,764	21,002	7,114
017 NURSING ADMINISTRATION	137,821	12,629	5,561	51,668	207,679	65,330	22,909
020 MEDICAL RECORDS & LIBRARY	202,594	6,404	2,820	74,174	285,992	89,966	11,618
025 NONPHYSICIAN ANESTHETISTS							
ADULTS & PEDIATRICS	1,295,346	94,147	41,460	492,605	1,923,558	605,101	170,784
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	282,351	15,507	6,829	88,302	392,989	123,624	28,130
041 ANESTHESIOLOGY		2,998	1,320	24,944	29,262	9,205	5,439
044 RADIOLOGY-DIAGNOSTIC	856,539	24,742	10,896	175,245	1,067,422	335,783	44,882
049 LABORATORY	853,992	12,713	5,598	180,991	1,053,294	331,339	23,061
050 RESPIRATORY THERAPY	375,019	23,855	10,505	126,203	535,582	168,480	43,272
055 PHYSICAL THERAPY	239,829	1,439	634	80,891	322,793	101,542	2,611
056 MEDICAL SUPPLIES CHARGED	258,195	4,246	1,870	38,847	303,158	95,366	7,702
OUTPAT SERVICE COST CNTRS	502,376	14,620	6,438	67,376	590,810	185,853	26,520
060 CLINIC	434,909	19,057	8,392	117,748	580,106	182,486	34,570
061 EMERGENCY	700,426	4,749	2,091	122,790	830,056	261,114	8,615
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	13,046,917	509,329	224,296	2,194,656	12,898,610	3,028,727	573,440
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	433,496			124,117	557,613	175,411	
010 MARKETING	187,018			24,190	211,208	66,441	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	13,667,431	509,329	224,296	2,342,963	13,667,431	3,270,579	573,440

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET B
 I I TO 3/31/2009 I PART I

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
		8	9	10	11	12	14	17
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	409,867						
010	LAUNDRY & LINEN SERVICE	23,369	169,468					
011	HOUSEKEEPING	10,039		394,286				
012	DIETARY	35,647		37,335	586,644			
014	CAFETERIA	5,545		5,808		106,233		
017	NURSING ADMINISTRATION	17,857		18,703		3,241	335,719	
020	MEDICAL RECORDS & LIBRARY	9,056		9,485		7,192		413,309
025	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	133,123	169,468	139,426	586,644	34,338	257,504	53,176
025	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	21,927		22,966		4,776	35,821	24,556
040	ANESTHESIOLOGY	4,240		4,440				11,931
041	RADIOLOGY-DIAGNOSTIC	34,985		36,642		8,943		104,882
044	LABORATORY	17,976		18,827		13,281		76,141
049	RESPIRATORY THERAPY	33,730		35,327		8,506		40,184
050	PHYSICAL THERAPY	2,035		2,131		4,593		11,741
055	MEDICAL SUPPLIES CHARGED	6,003		6,288		3,795		5,327
056	DRUGS CHARGED TO PATIENTS	20,672		21,651		3,256		39,263
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	26,947		28,223		7,549		21,039
061	EMERGENCY	6,716		7,034		5,653	42,394	25,069
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	409,867	169,468	394,286	586,644	105,123	335,719	413,309
098	NONREIMBURS COST CENTERS							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 MARKETING					1,110		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	409,867	169,468	394,286	586,644	106,233	335,719	413,309

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET B
 I I TO 3/31/2009 I PART I

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		20	25	26	27
	GENERAL SERVICE COST CNTR				
003	NEW CAP REL COSTS-BLDG &				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	ADMINISTRATIVE & GENERAL				
007	MAINTENANCE & REPAIRS				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
017	MEDICAL RECORDS & LIBRARY				
020	NONPHYSICIAN ANESTHETISTS				
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS		4,073,122		4,073,122
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM		654,789		654,789
040	ANESTHESIOLOGY		64,517		64,517
041	RADIOLOGY-DIAGNOSTIC		1,633,539		1,633,539
044	LABORATORY		1,533,919		1,533,919
049	RESPIRATORY THERAPY		865,081		865,081
050	PHYSICAL THERAPY		447,446		447,446
055	MEDICAL SUPPLIES CHARGED		427,639		427,639
056	DRUGS CHARGED TO PATIENTS		888,025		888,025
	OUTPAT SERVICE COST CNTRS				
060	CLINIC		880,920		880,920
061	EMERGENCY		1,186,651		1,186,651
062	OBSERVATION BEDS (NON-DIS				
	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS		12,655,648		12,655,648
	NONREIMBURS COST CENTERS				
098	PHYSICIANS' PRIVATE OFFIC		733,024		733,024
098 01	MARKETING		278,759		278,759
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	TOTAL		13,667,431		13,667,431

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET B
 I I TO 3/31/2009 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL		172,283	75,871	248,154		248,154	
008 MAINTENANCE & REPAIRS		20,928	9,216	30,144		10,412	40,556
009 OPERATION OF PLANT		26,253	11,561	37,814		6,577	3,368
010 LAUNDRY & LINEN SERVICE		16,527	7,278	23,805		2,108	2,120
011 HOUSEKEEPING		7,100	3,127	10,227		6,743	911
012 DIETARY		25,210	11,102	36,312		8,496	3,234
014 CAFETERIA		3,922	1,727	5,649		1,594	503
017 NURSING ADMINISTRATION		12,629	5,561	18,190		4,957	1,620
020 MEDICAL RECORDS & LIBRARY		6,404	2,820	9,224		6,826	822
025 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS		94,147	41,460	135,607		45,914	12,079
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		15,507	6,829	22,336		9,380	1,989
044 ANESTHESIOLOGY		2,998	1,320	4,318		698	385
049 RADIOLOGY-DIAGNOSTIC		24,742	10,896	35,638		25,477	3,174
050 LABORATORY		12,713	5,598	18,311		25,140	1,631
055 RESPIRATORY THERAPY		23,855	10,505	34,360		12,783	3,060
056 PHYSICAL THERAPY		1,439	634	2,073		7,704	185
060 MEDICAL SUPPLIES CHARGED		4,246	1,870	6,116		7,236	545
061 DRUGS CHARGED TO PATIENTS		14,620	6,438	21,058		14,101	1,876
062 OUTPAT SERVICE COST CNTRS							
062 CLINIC		19,057	8,392	27,449		13,846	2,445
095 EMERGENCY		4,749	2,091	6,840		19,812	609
098 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		509,329	224,296	733,625		229,804	40,556
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC						13,309	
010 MARKETING						5,041	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		509,329	224,296	733,625		248,154	40,556

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET B
 I I TO 3/31/2009 I PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	47,759						
010 LAUNDRY & LINEN SERVICE	2,723	30,756					
011 HOUSEKEEPING	1,170		19,051				
012 DIETARY	4,154		1,804	54,000			
014 CAFETERIA	646		281		8,673		
017 NURSING ADMINISTRATION	2,081		904		265	28,017	
020 MEDICAL RECORDS & LIBRARY	1,055		458		587		18,972
025 NONPHYSICIAN ANESTHETISTS							
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS	15,510	30,756	6,735	54,000	2,803	21,490	2,441
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	2,555		1,110		390	2,989	1,127
049 ANESTHESIOLOGY	494		215				548
050 RADIOLOGY-DIAGNOSTIC	4,077		1,770		730		4,813
055 LABORATORY	2,095		910		1,084		3,495
056 RESPIRATORY THERAPY	3,930		1,707		694		1,845
060 PHYSICAL THERAPY	237		103		375		539
061 MEDICAL SUPPLIES CHARGED	700		304		310		245
062 DRUGS CHARGED TO PATIENTS	2,409		1,046		266		1,802
066 OUTPAT SERVICE COST CNTRS							
061 CLINIC	3,140		1,364		616		966
062 EMERGENCY	783		340		462	3,538	1,151
095 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	47,759	30,756	19,051	54,000	8,582	28,017	18,972
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 MARKETING					91		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	47,759	30,756	19,051	54,000	8,673	28,017	18,972

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET B
 I I TO 3/31/2009 I PART III

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		20	25	26	27
	GENERAL SERVICE COST CNTR				
003	NEW CAP REL COSTS-BLDG &				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	ADMINISTRATIVE & GENERAL				
007	MAINTENANCE & REPAIRS				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
017	MEDICAL RECORDS & LIBRARY				
020	NONPHYSICIAN ANESTHETISTS				
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS		327,335		327,335
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM		41,876		41,876
040	ANESTHESIOLOGY		6,658		6,658
041	RADIOLOGY-DIAGNOSTIC		75,679		75,679
044	LABORATORY		52,666		52,666
049	RESPIRATORY THERAPY		58,379		58,379
050	PHYSICAL THERAPY		11,216		11,216
055	MEDICAL SUPPLIES CHARGED		15,456		15,456
056	DRUGS CHARGED TO PATIENTS		42,558		42,558
	OUTPAT SERVICE COST CNTRS				
060	CLINIC		49,826		49,826
061	EMERGENCY		33,535		33,535
062	OBSERVATION BEDS (NON-DIS				
	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS		715,184		715,184
	NONREIMBURS COST CENTERS				
098	PHYSICIANS' PRIVATE OFFIC		13,309		13,309
098 01	MARKETING		5,132		5,132
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL		733,625		733,625

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET B-1
 I I TO 3/31/2009 I

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
		(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES)		(ACCUM. COST	(SQUARE FEET)
		3	4	5	6a.00	6	7
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	42,468					
005	NEW CAP REL COSTS-MVB		42,468				
006	EMPLOYEE BENEFITS			5,847,007			
007	ADMINISTRATIVE & GENE	14,365	14,365	776,922	-3,270,579	10,396,852	
008	MAINTENANCE & REPAIRS	1,745	1,745	202,898		436,217	26,358
009	OPERATION OF PLANT	2,189	2,189			275,560	2,189
010	LAUNDRY & LINEN SERVI	1,378	1,378	37,536		88,332	1,378
011	HOUSEKEEPING	592	592	180,999		282,501	592
012	DIETARY	2,102	2,102	130,704		355,956	2,102
014	CAFETERIA	327	327	50,665		66,764	327
017	NURSING ADMINISTRATIO	1,053	1,053	128,940		207,679	1,053
020	MEDICAL RECORDS & LIB	534	534	185,106		285,992	534
025	NONPHYSICIAN ANESTHET						
	INPAT ROUTINE SRVC CN						
	ADULTS & PEDIATRICS	7,850	7,850	1,229,336		1,923,558	7,850
037	ANCILLARY SRVC COST C						
040	OPERATING ROOM	1,293	1,293	220,363		392,989	1,293
041	ANESTHESIOLOGY	250	250	62,248		29,262	250
044	RADIOLOGY-DIAGNOSTIC	2,063	2,063	437,333		1,067,422	2,063
049	LABORATORY	1,060	1,060	451,673		1,053,294	1,060
050	RESPIRATORY THERAPY	1,989	1,989	314,947		535,582	1,989
055	PHYSICAL THERAPY	120	120	201,867		322,793	120
056	MEDICAL SUPPLIES CHAR	354	354	96,944		303,158	354
	DRUGS CHARGED TO PATI	1,219	1,219	168,141		590,810	1,219
060	OUTPAT SERVICE COST C						
061	CLINIC	1,589	1,589	293,848		580,106	1,589
062	EMERGENCY	396	396	306,429		830,056	396
095	OBSERVATION BEDS (NON						
	SPEC PURPOSE COST CEN						
	SUBTOTALS	42,468	42,468	5,476,899	-3,270,579	9,628,031	26,358
098	NONREIMBURS COST CENT						
01	PHYSICIANS' PRIVATE O			309,740		557,613	
	MARKETING			60,368		211,208	
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
	COST TO BE ALLOCATED	509,329	224,296	2,342,963		3,270,579	573,440
104	(WRKSHT B, PART I)						
	UNIT COST MULTIPLIER	11.993242		.400712		.314574	
105	(WRKSHT B, PT I)		5.281530				21.755824
106	COST TO BE ALLOCATED						
	(WRKSHT B, PART II)						
107	UNIT COST MULTIPLIER					248,154	40,556
	(WRKSHT B, PT II)						
108	COST TO BE ALLOCATED						
	(WRKSHT B, PART III)					.023868	
	UNIT COST MULTIPLIER						1.538660
	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET B-1
 I I TO 3/31/2009 I

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
		(SQUARE FEET	(PATIENT)DAYS	(SQUARE)FEET	(PATIENT)DAYS	(HOURS)	(NURSING)SALARIES	(GROSS)REVENUE
		8	9	10	11	12	14	17
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	24,169						
010	LAUNDRY & LINEN SERVI	1,378	100					
011	HOUSEKEEPING	592		22,199				
012	DIETARY	2,102		2,102	100			
014	CAFETERIA	327		327		199,368		
017	NURSING ADMINISTRATIO	1,053		1,053		6,083	84,012	
020	MEDICAL RECORDS & LIB	534		534		13,498		25,465,617
025	NONPHYSICIAN ANESTHET							
037	INPAT ROUTINE SRVC CN							
040	ADULTS & PEDIATRICS	7,850	100	7,850	100	64,439	64,439	3,276,386
041	ANCILLARY SRVC COST C							
044	OPERATING ROOM	1,293		1,293		8,964	8,964	1,512,989
049	ANESTHESIOLOGY	250		250				735,096
050	RADIOLOGY-DIAGNOSTIC	2,063		2,063		16,783		6,462,162
055	LABORATORY	1,060		1,060		24,924		4,691,383
060	RESPIRATORY THERAPY	1,989		1,989		15,963		2,475,896
061	PHYSICAL THERAPY	120		120		8,620		723,404
062	MEDICAL SUPPLIES CHAR	354		354		7,123		328,244
095	DRUGS CHARGED TO PATI	1,219		1,219		6,111		2,419,143
098	OUTPAT SERVICE COST C							
101	CLINIC	1,589		1,589		14,167		1,296,277
102	EMERGENCY	396		396		10,609	10,609	1,544,637
103	OBSERVATION BEDS (NON							
104	SPEC PURPOSE COST CEN							
105	SUBTOTALS	24,169	100	22,199	100	197,284	84,012	25,465,617
106	NONREIMBURS COST CENT							
107	PHYSICIANS' PRIVATE O							
108	MARKETING					2,084		
109	CROSS FOOT ADJUSTMENT							
110	NEGATIVE COST CENTER							
111	COST TO BE ALLOCATED	409,867	169,468	394,286	586,644	106,233	335,719	413,309
112	(WRKSHT B, PART I)							
113	UNIT COST MULTIPLIER		1,694.680000		5,866.440000		3.996084	
114	(WRKSHT B, PT I)	16.958376		17.761431		.532849		.016230
115	COST TO BE ALLOCATED							
116	(WRKSHT B, PART II)							
117	UNIT COST MULTIPLIER							
118	(WRKSHT B, PT II)							
119	COST TO BE ALLOCATED	47,759	30,756	19,051	54,000	8,673	28,017	18,972
120	(WRKSHT B, PART III							
121	UNIT COST MULTIPLIER		307.560000		540.000000		.333488	
122	(WRKSHT B, PT III)	1.976044		.858192		.043502		.000745

COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2009
I 14-1324	I FROM 4/ 1/2008	I WORKSHEET 8-1
I	I TO 3/31/2009	I

COST CENTER
DESCRIPTIONNONPHYSICIAN
ANESTHETISTS(ASSIGNED
TIME)

20

003	GENERAL SERVICE COST	
004	NEW CAP REL COSTS-BLD	
005	NEW CAP REL COSTS-MVB	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENE	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVI	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
017	NURSING ADMINISTRATIO	
020	MEDICAL RECORDS & LIB	
025	NONPHYSICIAN ANESTHET	100
	INPAT ROUTINE SRVC CN	
	ADULTS & PEDIATRICS	
037	ANCILLARY SRVC COST C	
040	OPERATING ROOM	
041	ANESTHESIOLOGY	100
044	RADIOLOGY-DIAGNOSTIC	
049	LABORATORY	
050	RESPIRATORY THERAPY	
055	PHYSICAL THERAPY	
056	MEDICAL SUPPLIES CHAR	
	DRUGS CHARGED TO PATI	
	OUTPAT SERVICE COST C	
060	CLINIC	
061	EMERGENCY	
062	OBSERVATION BEDS (NON	
	SPEC PURPOSE COST CEN	
095	SUBTOTALS	100
098	NONREIMBURS COST CENT	
3 01	PHYSICIANS' PRIVATE O	
1	MARKETING	
102	CROSS FOOT ADJUSTMENT	
103	NEGATIVE COST CENTER	
104	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART	
105	UNIT COST MULTIPLIER	
	(WRKSHT B, PT I)	
106	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART	
107	UNIT COST MULTIPLIER	
	(WRKSHT B, PT II)	
108	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART	
	UNIT COST MULTIPLIER	
	(WRKSHT B, PT III)	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET C	
I		I	TO 3/31/2009	I	PART I	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,073,122		4,073,122		
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	654,789		654,789		
41	ANESTHESIOLOGY	64,517		64,517		
44	RADIOLOGY-DIAGNOSTIC	1,633,539		1,633,539		
49	LABORATORY	1,533,919		1,533,919		
50	RESPIRATORY THERAPY	865,081		865,081		
55	PHYSICAL THERAPY	447,446		447,446		
56	MEDICAL SUPPLIES CHARGED	427,639		427,639		
	DRUGS CHARGED TO PATIENTS	888,025		888,025		
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC	880,920		880,920		
62	EMERGENCY	1,186,651		1,186,651		
	OBSERVATION BEDS (NON-DIS	728,684		728,684		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	13,384,332		13,384,332		
102	LESS OBSERVATION BEDS	728,684		728,684		
103	TOTAL	12,655,648		12,655,648		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET C
 I I TO 3/31/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,583,579		2,583,579			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	170,150	1,342,839	1,512,989	.432778	.432778	
40	ANESTHESIOLOGY	27,108	221,976	249,084	.259017	.259017	
41	RADIOLOGY-DIAGNOSTIC	668,987	5,793,175	6,462,162	.252785	.252785	
44	LABORATORY	668,352	4,023,031	4,691,383	.326965	.326965	
49	RESPIRATORY THERAPY	539,716	1,017,954	1,557,670	.555369	.555369	
50	PHYSICAL THERAPY	65,098	658,306	723,404	.618529	.618529	
55	MEDICAL SUPPLIES CHARGED	809,509	436,961	1,246,470	.343080	.343080	
56	DRUGS CHARGED TO PATIENTS	1,604,081	815,062	2,419,143	.367082	.367082	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,296,277	1,296,277	.679577	.679577	
61	EMERGENCY	42,768	1,501,869	1,544,637	.768239	.768239	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		692,807	692,807	1.051785	1.051785	
101	SUBTOTAL	7,179,348	17,800,257	24,979,605			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,179,348	17,800,257	24,979,605			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET C	
I		I	TO 3/31/2009	I	PART I	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,073,122		4,073,122		
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	654,789		654,789		
41	ANESTHESIOLOGY	64,517		64,517		
44	RADIOLOGY-DIAGNOSTIC	1,633,539		1,633,539		
49	LABORATORY	1,533,919		1,533,919		
50	RESPIRATORY THERAPY	865,081		865,081		
55	PHYSICAL THERAPY	447,446		447,446		
56	MEDICAL SUPPLIES CHARGED	427,639		427,639		
	DRUGS CHARGED TO PATIENTS	888,025		888,025		
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC	880,920		880,920		
62	EMERGENCY	1,186,651		1,186,651		
	OBSERVATION BEDS (NON-DIS	728,684		728,684		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	13,384,332		13,384,332		
102	LESS OBSERVATION BEDS	728,684		728,684		
103	TOTAL	12,655,648		12,655,648		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET C	
I		I	TO 3/31/2009	I	PART I	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,583,579		2,583,579			
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	170,150	1,342,839	1,512,989	.432778	.432778	
41	ANESTHESIOLOGY	27,108	221,976	249,084	.259017	.259017	
44	RADIOLOGY-DIAGNOSTIC	668,987	5,793,175	6,462,162	.252785	.252785	
49	LABORATORY	668,352	4,023,031	4,691,383	.326965	.326965	
50	RESPIRATORY THERAPY	539,716	1,017,954	1,557,670	.555369	.555369	
55	PHYSICAL THERAPY	65,098	658,306	723,404	.618529	.618529	
56	MEDICAL SUPPLIES CHARGED	809,509	436,961	1,246,470	.343080	.343080	
60	DRUGS CHARGED TO PATIENTS	1,604,081	815,062	2,419,143	.367082	.367082	
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC		1,296,277	1,296,277	.679577	.679577	
101	EMERGENCY	42,768	1,501,869	1,544,637	.768239	.768239	
102	OBSERVATION BEDS (NON-DIS		692,807	692,807	1.051785	1.051785	
103	OTHER REIMBURS COST CNTRS						
	SUBTOTAL	7,179,348	17,800,257	24,979,605			
	LESS OBSERVATION BEDS						
	TOTAL	7,179,348	17,800,257	24,979,605			

Health Financial Systems MCRIF32 FOR FERRELL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET C
 I I TO 3/31/2009 I PART II

COST A NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	654,789	41,876	612,913			654,789
40	OPERATING ROOM	64,517	6,658	57,859			64,517
41	ANESTHESIOLOGY	1,633,539	75,679	1,557,860			1,633,539
44	RADIOLOGY-DIAGNOSTIC	1,533,919	52,666	1,481,253			1,533,919
49	LABORATORY	865,081	58,379	806,702			865,081
50	RESPIRATORY THERAPY	447,446	11,216	436,230			447,446
55	PHYSICAL THERAPY	427,639	15,456	412,183			427,639
56	MEDICAL SUPPLIES CHARGED	888,025	42,558	845,467			888,025
	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	880,920	49,826	831,094			880,920
61	EMERGENCY	1,186,651	33,535	1,153,116			1,186,651
62	OBSERVATION BEDS (NON-DIS	728,684		728,684			728,684
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,311,210	387,849	8,923,361			9,311,210
102	LESS OBSERVATION BEDS	728,684		728,684			728,684
103	TOTAL	8,582,526	387,849	8,194,677			8,582,526

Wkst A	COST CENTER DESCRIPTION	TOTAL	OUTPAT COST	I/P PT B COST
NO.		CHARGES	TO CHRG RATIO	TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,512,989	.432778	.432778
40	ANESTHESIOLOGY	249,084	.259017	.259017
41	RADIOLOGY-DIAGNOSTIC	6,462,162	.252785	.252785
44	LABORATORY	4,691,383	.326965	.326965
49	RESPIRATORY THERAPY	1,557,670	.555369	.555369
50	PHYSICAL THERAPY	723,404	.618529	.618529
55	MEDICAL SUPPLIES CHARGED	1,246,470	.343080	.343080
56	DRUGS CHARGED TO PATIENTS	2,419,143	.367082	.367082
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,296,277	.679577	.679577
61	EMERGENCY	1,544,637	.768239	.768239
62	OBSERVATION BEDS (NON-DIS	692,807	1.051785	1.051785
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	22,396,026		
102	LESS OBSERVATION BEDS	692,807		
103	TOTAL	21,703,219		

Health Financial Systems MCRIF32 FOR FERRELL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET C
 I TO 3/31/2009 I PART II

POST A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	654,789	41,876	612,913			654,789
40	OPERATING ROOM	64,517	6,658	57,859			64,517
41	ANESTHESIOLOGY	1,633,539	75,679	1,557,860			1,633,539
44	RADIOLOGY-DIAGNOSTIC	1,533,919	52,666	1,481,253			1,533,919
49	LABORATORY	865,081	58,379	806,702			865,081
50	RESPIRATORY THERAPY	447,446	11,216	436,230			447,446
55	PHYSICAL THERAPY	427,639	15,456	412,183			427,639
56	MEDICAL SUPPLIES CHARGED	888,025	42,558	845,467			888,025
	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	880,920	49,826	831,094			880,920
61	EMERGENCY	1,186,651	33,535	1,153,116			1,186,651
62	OBSERVATION BEDS (NON-DIS	728,684		728,684			728,684
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,311,210	387,849	8,923,361			9,311,210
102	LESS OBSERVATION BEDS	728,684		728,684			728,684
103	TOTAL	8,582,526	387,849	8,194,677			8,582,526

Health Financial Systems MCRIF32 FOR FERRELL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET C
 I I TO 3/31/2009 I PART II

POST A NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,512,989	.432778	.432778
40	ANESTHESIOLOGY	249,084	.259017	.259017
41	RADIOLOGY-DIAGNOSTIC	6,462,162	.252785	.252785
44	LABORATORY	4,691,383	.326965	.326965
49	RESPIRATORY THERAPY	1,557,670	.555369	.555369
50	PHYSICAL THERAPY	723,404	.618529	.618529
55	MEDICAL SUPPLIES CHARGED	1,246,470	.343080	.343080
56	DRUGS CHARGED TO PATIENTS	2,419,143	.367082	.367082
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,296,277	.679577	.679577
61	EMERGENCY	1,544,637	.768239	.768239
62	OBSERVATION BEDS (NON-DIS	692,807	1.051785	1.051785
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	22,396,026		
102	LESS OBSERVATION BEDS	692,807		
103	TOTAL	21,703,219		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET C
 I I TO 3/31/2009 I PART III

WST A	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	483,633	1,081,224			
40	ANESTHESIOLOGY	45,973	142,754			
41	RADIOLOGY-DIAGNOSTIC	1,249,931	4,919,897			
44	LABORATORY	1,130,267	3,478,055			
49	RESPIRATORY THERAPY	648,674	1,162,187			
50	PHYSICAL THERAPY	330,512	513,301			
55	MEDICAL SUPPLIES CHARGED	304,210	880,830			
56	DRUGS CHARGED TO PATIENTS	646,153	1,789,682			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	655,792	994,714			
61	EMERGENCY	889,726	1,143,003			
62	OBSERVATION BEDS (NON-DIS	577,418	534,497			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	6,962,289	16,640,144			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET C	
I		I	TO 3/31/2009	I	PART V	

Wkst A	COST CENTER DESCRIPTION	TOTAL COST	PROVIDER-BASED	TOTAL	TOTAL	TOTAL	RATIO OF OUT-	TOTAL OUT-
NO.		WKST B, PT I	PHYSICIAN	COSTS	ANCILLARY	OUTPATIENT	PATIENT CHRGS	PATIENT
		COL. 27	ADJUSTMENT		CHARGES	CHARGES	TO TTL	COSTS
		1	2	3	4	5	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	483,633		483,633	1,081,224			
40	ANESTHESIOLOGY	45,973		45,973	142,754			
41	RADIOLOGY-DIAGNOSTIC	1,249,931		1,249,931	4,919,897			
44	LABORATORY	1,130,267		1,130,267	3,478,055			
49	RESPIRATORY THERAPY	648,674		648,674	1,162,187			
50	PHYSICAL THERAPY	330,512		330,512	513,301			
55	MEDICAL SUPPLIES CHARGED	304,210		304,210	880,830			
56	DRUGS CHARGED TO PATIENTS	646,153		646,153	1,789,682			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	655,792		655,792	994,714			
61	EMERGENCY	889,726	321,060	1,210,786	1,143,003			
62	OBSERVATION BEDS (NON-DIS	577,418		577,418	534,497			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	6,962,289	321,060	7,283,349	16,640,144			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED	8/17/2009
I 14-1324	I FROM 4/ 1/2008	I WORKSHEET D	
I COMPONENT NO:	I TO 3/31/2009	I PART V	
I 14-1324	I	I	

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9).	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.432778		.432778		
40 ANESTHESIOLOGY	.259017		.259017		
41 RADIOLOGY-DIAGNOSTIC	.252785		.252785		
44 LABORATORY	.326965		.326965		
49 RESPIRATORY THERAPY	.555369		.555369		
50 PHYSICAL THERAPY	.618529		.618529		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.343080		.343080		
56 DRUGS CHARGED TO PATIENTS	.367082		.367082		
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.679577		.679577		
61 EMERGENCY	.768239		.768239		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.051785		1.051785		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 3/31/2009	I	PART V
I	14-1324	I		I	

TITLE XVIII, PART B

HOSPITAL

	Other Outpatient Diagnostic	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		594,781			
40 ANESTHESIOLOGY		103,824			
41 RADIOLOGY-DIAGNOSTIC		1,780,512			
44 LABORATORY		1,514,873			
49 RESPIRATORY THERAPY		619,961			
50 PHYSICAL THERAPY		157,244			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		187,122			
56 DRUGS CHARGED TO PATIENTS		526,499			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,296,277			
61 EMERGENCY		293,185			
62 OBSERVATION BEDS (NON-DISTINCT PART)		335,702			
101 SUBTOTAL		7,409,980			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		7,409,980			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 3/31/2009	I	PART V	
I	14-1324	I		I		

TITLE XVIII, PART B

HOSPITAL

All Other

Hospital I/P
Part B ChargesHospital I/P
Part B Costs

Cost Center Description

9

10

11

(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	257,408		
40	ANESTHESIOLOGY	26,892		
41	RADIOLOGY-DIAGNOSTIC	450,087		
44	LABORATORY	495,310		
49	RESPIRATORY THERAPY	344,307		
50	PHYSICAL THERAPY	97,260		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	64,198		
56	DRUGS CHARGED TO PATIENTS	193,268		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	880,920		
61	EMERGENCY	225,236		
62	OBSERVATION BEDS (NON-DISTINCT PART)	353,086		
101	SUBTOTAL	3,387,972		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES	3,387,972		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2009 I PART V
 I 14-1324 I

TITLE XIX - O/P

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
Cost Center Description	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.432778				419,491
40 ANESTHESIOLOGY	.259017				
41 RADIOLOGY-DIAGNOSTIC	.252785				1,739,960
44 LABORATORY	.326965				724,190
49 RESPIRATORY THERAPY	.555369				280,798
50 PHYSICAL THERAPY	.618529				117,046
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.343080				92,119
56 DRUGS CHARGED TO PATIENTS	.367082				184,512
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.679577				
61 EMERGENCY	.768239				554.892
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.051785				
101 SUBTOTAL					4,113,008
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					4,113,008

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 3/31/2009	I	PART V
I	14-1324	I		I	

TITLE XIX - O/P

HOSPITAL

PPS Services
FY8 to 12/31Non-PPS
ServicesPPS Services
1/1 to FYEOutpatient
Ambulatory
Surgical CtrOutpatient
Radiology

Cost Center Description

5.01

5.02

5.03

6

7

(A) ANCILLARY SRVC COST CNTRS
 37 OPERATING ROOM
 40 ANESTHESIOLOGY
 41 RADIOLOGY-DIAGNOSTIC
 44 LABORATORY
 49 RESPIRATORY THERAPY
 50 PHYSICAL THERAPY
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
 56 DRUGS CHARGED TO PATIENTS
 OUTPAT SERVICE COST CNTRS
 60 CLINIC
 61 EMERGENCY
 62 OBSERVATION BEDS (NON-DISTINCT PART)
 101 SUBTOTAL
 102 CRNA CHARGES
 103 LESS PBP CLINIC LAB SVCS-
 PROGRAM ONLY CHARGES
 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2009 I PART V
 I 14-1324 I I

TITLE XIX - O/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		181,546			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		439,836			
44 LABORATORY		236,785			
49 RESPIRATORY THERAPY		155,947			
50 PHYSICAL THERAPY		72,396			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		31,604			
56 DRUGS CHARGED TO PATIENTS		67,731			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		426,290			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		1,612,135			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		1,612,135			

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED	8/17/2009
I 14-1324	I FROM 4/ 1/2008	I WORKSHEET D-1	
I COMPONENT NO:	I TO 3/31/2009	I PART I	
I 14-1324	I	I	

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,114
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,558
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,558
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	417
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	139
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,108
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	417
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	139
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	153.97
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,073,122
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	550,473
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,522,649

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,276,386
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,276,386
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.075163
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	920.85
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,522,649

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM	4/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO	3/31/2009	I	PART II
I	14-1324	I			I	

TITLE XVIII PART A

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	990.06
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,087,046
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,087,046

	TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
	I/P COST	I/P DAYS	PER DIEM	DAYS	COST
	1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)	
	INTENSIVE CARE TYPE INPATIENT	
	HOSPITAL UNITS	
43	INTENSIVE CARE UNIT	
44	CORONARY CARE UNIT	
45	BURN INTENSIVE CARE UNIT	
46	SURGICAL INTENSIVE CARE UNIT	
47	OTHER SPECIAL CARE	
		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1,022,687
49	TOTAL PROGRAM INPATIENT COSTS	3,109,733

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	412,855
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	137,618
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	550,473
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM	4/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO	3/31/2009	I	PART III
I	14-1324	I			I	

TITLE XVIII PART A

HOSPITAL

OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	736
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	990.06
85	OBSERVATION BED COST	728,684

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
39	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 3/31/2009	I	
I	14-1324	I		I	

TITLE XVIII, PART A

HOSPITAL

OTHER

POST A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,704,912	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.432778	66,270	28,680
40	ANESTHESIOLOGY	.259017	9,603	2,487
41	RADIOLOGY-DIAGNOSTIC	.252785	347,229	87,774
44	LABORATORY	.326965	425,765	139,210
49	RESPIRATORY THERAPY	.555369	353,923	196,558
50	PHYSICAL THERAPY	.618529	26,354	16,301
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.343080	535,703	183,789
56	DRUGS CHARGED TO PATIENTS	.367082	1,001,861	367,765
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.679577		
61	EMERGENCY	.768239	160	123
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.051785		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,766,868	1,022,687
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,766,868	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET	D-4
I	COMPONENT NO:	I	TO 3/31/2009	I		
I	14-2324	I		I		

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A E NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.432778	835	361
40	ANESTHESIOLOGY	.259017		
41	RADIOLOGY-DIAGNOSTIC	.252785	32,923	8,322
44	LABORATORY	.326965	37,848	12,375
49	RESPIRATORY THERAPY	.555369	85,308	47,377
50	PHYSICAL THERAPY	.618529	32,309	19,984
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.343080	149,131	51,164
56	DRUGS CHARGED TO PATIENTS	.367082	197,444	72,478
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.679577		
61	EMERGENCY	.768239		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.051785		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		535,798	212,061
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		535,798	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET D-4	
I	COMPONENT NO:	I	TO 3/31/2009	I		
I	14-1324	I		I		

TITLE XIX

HOSPITAL

OTHER

POST A E NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		514,998	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.432778	46,992	20,337
40	ANESTHESIOLOGY	.259017		
41	RADIOLOGY-DIAGNOSTIC	.252785	216,482	54,723
44	LABORATORY	.326965	97,472	31,870
49	RESPIRATORY THERAPY	.555369	10,576	5,874
50	PHYSICAL THERAPY	.618529	1,520	940
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.343080	8,174	2,804
56	DRUGS CHARGED TO PATIENTS	.367082	215,342	79,048
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.679577		
61	EMERGENCY	.768239	20,080	15,426
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.051785		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		616,638	211,022
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		616,638	

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 3/31/2009 I PART B
 I 14-1324 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,387,972
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,387,972
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,421,852
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	CAH DEDUCTIBLES	58,027
18.01	CAH ACTUAL BILLED COINSURANCE	1,219,004
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,144,821
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,144,821
24	PRIMARY PAYER PAYMENTS	1,601
25	SUBTOTAL	2,143,220
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	310,550
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	310,550
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,453,770
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,453,770
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,216,916
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	236,854
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 3/31/2009 I
 I 14-1324 I I

TITLE XVIII

HOSPITAL

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER .01	9/21/2008	31,961	
ADJUSTMENTS TO PROVIDER .02	1/25/2009	9,400	
ADJUSTMENTS TO PROVIDER .03	3/22/2009	118,493	
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50	11/16/2008	69,982	
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99		89,872	NONE
4 TOTAL INTERIM PAYMENTS		2,719,848	2,216,916
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		122,919	236,854
7 TOTAL MEDICARE PROGRAM LIABILITY		2,842,767	2,453,770

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 3/31/2009 I
 I 14-2324 I I

TITLE XVIII

SWING BED SNF

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,
 EITHER SUBMITTED OR TO BE SUBMITTED TO THE
 INTERMEDIARY, FOR SERVICES RENDERED IN THE COST
 REPORTING PERIOD. IF NONE, WRITE "NONE" OR
 ENTER A ZERO.
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT
 AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM
 RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE
 OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A
 ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	4/29/2008	1,921	
ADJUSTMENTS TO PROGRAM	.51	10/31/2008	9,222	
ADJUSTMENTS TO PROGRAM	.52	2/27/2009	2,647	
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		-13,790	NONE
4 TOTAL INTERIM PAYMENTS			633,689	

TO BE COMPLETED BY INTERMEDIARY
 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT
 AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.
 IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT	.01		131,418	
AMOUNT (BALANCE DUE)	.02			
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY			765,107	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

IN LIEU OF FORM CMS-2552-96-E-2 (05/2004)

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2009
I 14-1324	I FROM 4/ 1/2008	I
I COMPONENT NO:	I TO 3/31/2009	I WORKSHEET E-2
I 14-Z324	I	I

TITLE XVIII

SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A 1	PART B 2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	555,978	
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3 ANCILLARY SERVICES (SEE INSTRUCTIONS)	214,182	
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5 PROGRAM DAYS	556	
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 SUBTOTAL	770,160	
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10 SUBTOTAL	770,160	
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12 SUBTOTAL	770,160	
13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	5,053	
14 80% OF PART B COSTS		
15 SUBTOTAL	765,107	
16 OTHER ADJUSTMENTS (SPECIFY)		
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL	765,107	
19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20 INTERIM PAYMENTS	633,689	
20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21 BALANCE DUE PROVIDER/PROGRAM	131,418	
22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (04/2005)

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2009
I 14-1324	I FROM 4/ 1/2008	I WORKSHEET E-3
I COMPONENT NO:	I TO 3/31/2009	I PART II
I 14-1324	I	I

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	3,109,733
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,109,733
5	PRIMARY PAYER PAYMENTS	896
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,139,925
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,139,925
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	368,773
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,771,152
23	COINSURANCE	1,536
24	SUBTOTAL	2,769,616
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	73,151
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	73,151
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	2,842,767
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,842,767
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,719,848
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	122,919
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

BALANCE SHEET

I PROVIDER NO:	I PERIOD:	I PREPARED	8/17/2009
I 14-1324	I FROM 4/ 1/2008	I	
I	I TO 3/31/2009	I	WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	156,137			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,149,284			
5	OTHER RECEIVABLES	224,668			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,941,877			
7	INVENTORY	202,256			
8	PREPAID EXPENSES	139,780			
9	OTHER CURRENT ASSETS	144,534			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	4,074,782			
FIXED ASSETS					
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	5,131,114			
14.01	LESS ACCUMULATED DEPRECIATION	-1,551,776			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	3,579,338			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	26,790			
26	TOTAL OTHER ASSETS	26,790			
27	TOTAL ASSETS	7,680,910			

BALANCE SHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I		
I		I	TO 3/31/2009	I	WORKSHEET G	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,044,713			
29 SALARIES, WAGES & FEES PAYABLE	803,055			
30 PAYROLL TAXES PAYABLE	672,682			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	903,252			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-448,833			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	2,974,869			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	4,517,789			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	4,517,789			
43 TOTAL LIABILITIES	7,492,658			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	188,252			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	188,252			
52 TOTAL LIABILITIES AND FUND BALANCES	7,680,910			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2009
 I 14-1324 I FROM 4/ 1/2008 I WORKSHEET G-1
 I I TO 3/31/2009 I

	GENERAL FUND 1	2
1 FUND BALANCE AT BEGINNING OF PERIOD		1,071,509
2 NET INCOME (LOSS)		-233,171
3 TOTAL		838,338
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5 ADDITIONS (CREDIT ADJUSTM		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		838,338
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM	650,086	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		650,086
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		188,252

SPECIFIC PURPOSE FUND 3	4
----------------------------	---

	ENDOWMENT FUND 5	6
1 FUND BALANCE AT BEGINNING OF PERIOD		
2 NET INCOME (LOSS)		
3 TOTAL		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5 ADDITIONS (CREDIT ADJUSTM		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		

PLANT FUND 7	8
-----------------	---

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET G-2
I		I	TO 3/31/2009	I	PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,276,386		3,276,386
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,276,386		3,276,386
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,276,386		3,276,386
17 00 ANCILLARY SERVICES	4,633,038	17,556,193	22,189,231
18 00 OUTPATIENT SERVICES			
24 00 PRO FEE	77,898	1,844,008	1,921,906
25 00 TOTAL PATIENT REVENUES	7,987,322	19,400,201	27,387,523

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	14,497,852
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 RESERVED A&G	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	14,497,852

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2009
I	14-1324	I	FROM 4/ 1/2008	I	WORKSHEET G-3	
I		I	TO 3/31/2009	I		

DESCRIPTION

1	TOTAL PATIENT REVENUES	27,387,523
2	LESS: ALLOWANCES AND DISCOUNTS ON	13,443,280
3	NET PATIENT REVENUES	13,944,243
4	LESS: TOTAL OPERATING EXPENSES	14,497,852
5	NET INCOME FROM SERVICE TO PATIENT	-553,609
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	320,438
25	TOTAL OTHER INCOME	320,438
26	TOTAL	-233,171
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-233,171